



State of Wisconsin Higher Educational Aids Board

Scott Walker
Governor

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John Reinemann
Executive Secretary

| ACADEMIC EXCELLENCE NOMINATING SCHOOL | |
|---------------------------------------|--|
| SCHOOL NAME | |
| STREET ADDRESS, CITY, STATE, ZIP | |
| CONTACT NAME | |
| EMAIL ADDRESS | |
| ENROLLMENT | |
| NUMBER OF ELIGIBLE AWARDS | |

| ACADEMIC EXCELLENCE SCHOLARSHIP RECIPIENTS | | | |
|--|--|--|--|
| | FIRST RECIPIENT | SECOND RECIPIENT | THIRD RECIPIENT |
| NAME | <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. | <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. | <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. |
| HOME ADDRESS | | | |
| HOME PHONE | | | |
| EMAIL ADDRESS NOTHING ENDING IN @K12.WI.US OR @.ORG | | | |
| GPA | | | |
| COMPOSITE ACT SCORE | | | |
| PREDICTED COLLEGE | | | |

Collection of the above information is a requirement of Statute 39.41. Personally identifiable information is used only for validation purposes, and shall not be released without written permission. Please note that if any other information is incomplete, this will also delay awarding and processing of the scholarship. No award should be considered final until confirmed by a HEAB form e-mailed to the student.

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Signature of School Representative _____ Date _____

Telephone _____ E-Mail Address _____